



Bib Data Sheet


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SERIAL NUMBER 09/503,559	FILING DATE 02/11/2000 RULE -	CLASS 512	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 1160.033US1
APPLICANTS Roland Valdes JR., Simpsonville, KY ; Hassan M A M Qazzaz, Louisville, KY ;				
** CONTINUING DATA ***** <u>u</u> THIS APPLN CLAIMS BENEFIT OF 60/119,921 02/12/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/06/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>	STATE OR COUNTRY KY	SHEETS DRAWING -	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
ADDRESS 21186				
TITLE Dihydroouabain-like factor and diagnostic & therapeutic compositions and methods				
FILING FEE RECEIVED 614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
				<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit



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CONFIRMATION NO. 6803

SERIAL NUMBER 09/503,559	FILING OR 371(c) DATE 02/11/2000 RULE	CLASS 514	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 1160.033US1
APPLICANTS Roland Valdes JR., Simpsonville, KY; Hassan M'A M Qazzaz, Louisville, KY;				
** CONTINUING DATA ***** This appln claims benefit of 60/119,921 02/12/1999 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/06/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY KY	SHEETS DRAWING	TOTAL CLAIMS 34 INDEPENDENT CLAIMS 4
ADDRESS 26191				
TITLE MAMMALIAN DIHYDROOUABAIN-LIKE FACTOR AND & THERAPEUTIC COMPOSITIONS				
FILING FEE RECEIVED 614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	